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ABSTRACT

This study determined the opinion of National Collegiate Athletic Association (NCAA) coaches and trainers toward the use of certain ergogenic drugs. A researcher-constructed opinionnaire consisting of 38 statements was sent to football, wrestling, basketball, gymnastics, swimming and diving, and track and field coaches and trainers. Those surveyed were associated with teams which competed at the NCAA conference. The results were based upon responses from 584 coaches and trainers. The responses were analyzed using descriptive statistics and percent response. The coaches and trainers disagreed with the use of amphetamines, sedatives, and steroids by male intercollegiate athletes. It was the opinion of those surveyed that the use of ergogenic drugs changed the essence of sport and should be considered unethical. The opinions of the NCAA coaches and trainers concerning the effects of drugs on athletic performance were very diverse. There was strong support for both an educational campaign concerning the effects and side effects of ergogenic drugs and for the establishment of guidelines for drug usage. (Author)

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OPINION OF NCAA COACHES AND TRAINERS TOWARD THE USE OF ERGOGENIC DRUGS

by

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The use of drugs by American male athletes to improve performance was brought to public view almost twenty years ago. Since that time, many allegations have been made linking drugs to almost every level of sport in America. General factors affecting the development of the use of drugs in sport include: 1) the highly competitive nature of modern sport; 2) far greater rewards today from participation in sport even at the amateur level; and 3) concurrent rapid advances of pharmacology producing a wide variety of drugs (7).

In an AAHPER-sponsored publication, Clarke (1) contends that the coach is instrumental in advising the athlete concerning the use of drugs to increase athletic performance. "The coach is faced now with the need for decisions and actions concerning a problem of a scope, immediacy, significance, and publicity neither previously experienced nor anticipated in professional preparation." The athletic trainer, responsible for the physical health of athletes, should also be concerned with the use of drugs by athletes.

National sportsmen and women have indicated strong disapproval of the use of drugs in athletics. Guidelines have been established by certain sport bodies to control the use of ergogenic drugs in competition. At the time of this study, the National Collegiate Athletic Association had a 'statement of policy' disagreeing with the use of drugs in a non-therapeutic manner. This survey was designed to determine the opinion of coaches and trainers of male intercollegiate athletes toward the use of ergogenic drugs.

A mailing list of 1255 coaches and/or trainers was compiled from sources naming those teams which ranked first or second in their NCAA conference or competed at the NCAA national tournaments during the 1973-1974 season. The sports included were football, basketball, gymnastics, swimming and diving, track and field, and wrestling. A researcher-constructed questionnaire was used to gather the information. Of the questionnaires sent out, forty-seven percent (584) of the population responded. Descriptive statistics were used to determine the general opinion of NCAA coaches and trainers.

The strongest respondent opinion was noted on items dealing with the use of specific drugs by NCAA athletes. The four drugs included in this survey (amphetamines, sedatives, steroids, and local anesthetics) have been connected with athletic performance in the past (4). Over 90 percent of the NCAA coaches

and trainers surveyed did not feel male intercollegiate athletes should be allowed to use amphetamines, sedatives, or steroids to aid athletic performance. Three-fourths of the respondents disagreed with the use of local anesthetics. Apparently the use of local anesthetics is slightly more acceptable than the other three drugs.

Several of the items concerned overall use of drugs in sport. Eighty percent of the respondents believed that drugs should not be used during athletic competition while only 50 percent considered it unethical to use drugs to aid recovery from competition. Over three-fourths of the coaches and trainers felt that the use of drugs was unethical even if they were: 1) available to all athletes or 2) no physical danger was involved.

The opinions of NCAA coaches and trainers were extremely diverse with reference to items dealing with generally accepted effects of the four drugs. This could be attributed to weaknesses in several areas. Research done in the field of ergogenic drugs and athletic performance is scattered world-wide and is difficult for coaches and trainers to assimilate to on-the-job situations even if they were to have it placed at their disposal. Reference books dealing specifically with ergogenic drugs and athletic performance were either out-of-date or non-existant as of a few years ago. Only recently have such texts been made available (6,9). Also, with such sources readily available, it is difficult enough to keep up with new trends in coaching and training techniques without the relatively recent problem of ergogenic drugs with which to contend.

Despite these considerations, the NCAA coaches and trainers surveyed indicated a need for more information. Ninety-three percent of the respondents agreed that NCAA should sponsor an educational campaign concerning the effects and side effects of ergogenic drugs to be directed to NCAA coaches, trainers and athletes. Correspondence with National Athletic Trainers Association officials indicated that they have no such program (3). NCAA officials said that their Committee on Drugs was collecting a bibliography of such materials but that the project was going slowly due to 'other more pressing problems', and did not anticipate its completion 'in the near future' (8).

Although the respondents believed they needed more information concerning the effects of drugs on athletic performance, 80 percent felt that NCAA should not 'wait and see' what happens before instituting guidelines to control the

use of such drugs in competition. Apparently they considered the problem too hazardous or too immediate to just let it go for awhile.

A number of items attempted to discern reasons why the respondents felt guidelines were needed. Seventy-three percent of the NCAA coaches and trainers expressed confidence in the athletes themselves: they did not feel a highly skilled athlete would use any method available to improve athletic performance. However, 86 percent believed that athletes began using drugs before they knew the actual effects and side effects of these ergogenic aids.

Seventy-four percent of the coaches and trainers considered that the greater emphasis on competition and winning contributed to the use of drugs by athletes. The respondents also indicated that the athlete usually initiated the use of drugs - not the coach or trainer. Over half of those surveyed felt the use of drugs by an athlete would probably continue past the sport season.

Another interesting indication from this study concerned the awareness of coaches and trainers toward the use of drugs by their athletes. Over 20 percent believed that coaches and trainers do know of the use of drugs on their squads. No indication was given as to whether the practice was advocated or merely tolerated. There was also no clear response on the number of male intercollegiate athletes presently believed to be using drugs or on the extent of drug use at the Olympic level.

The guidelines suggested in the questionnaire were supported, but not overwhelmingly. Sixty-five percent of the population responding indicated that NCAA should institute examinations to discern the presence of ergogenic drugs in athletes competing at NCAA National Championships. Over 50 percent believed that all athletes should be required to sign a statement that he will not use ergogenic drugs during the athletic events. These two control programs have been used with some success at the Olympic level (2,5).

Because of recent interest in the use of prescription drugs during competition, a more specific guidelines was suggested. Eighty-seven percent of the coaches and trainers felt that if an athlete normally uses a drug to arrest a physical condition such as asthma or emphysema, he should be allowed to participate in his sport while under the effect of this drug.

Of the various opinions elicited in this survey, the need for more specific information appears to be top priority. Further controls of the use of ergogenic drugs by male intercollegiate athletes are called for by the respondents. However, the need for and efficacy of these controls must first be understood by the coaches, trainers, and athletes involved.

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